



# **Veterans Health Education Handbook**

*A guide to common health issues*

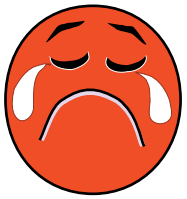


# Table of Contents

Chapter 1: Pain Management	1 - 2
Chapter 2: Depression	3 - 4
Chapter 3: Alcoholism	5
Chapter 4: Chronic Obstructive Pulmonary Disease	6
Chapter 5: High Blood Pressure	7
Chapter 6: Diabetes	8 - 10
Chapter 7: Foot Health	11 - 12
Chapter 8: High Cholesterol	13 - 14
Chapter 9: Heart Disease	15
Chapter 10: Weight Management	16 - 17
Chapter 11: Oral Cancer	18
Chapter 12: Osteoporosis	19 - 20
Chapter 13: Breast Self Exam	21 - 22
Chapter 14: Cervical Cancer	23
Chapter 15: Prostate Cancer Screening	24
Chapter 16: Testicular Cancer	25 - 26
Chapter 17: Advance Medical Directive	27
References	

# Chapter 1: Pain Management

Some people may have pain after minor surgery. Pain may cause swelling and bruising at the site of the surgery. Here are several tips that will help you to better manage your pain (Miller, DiNunzio, & Williams, 2008). Chronic and acute pain varies, primarily due to the degree of pain and length of time a patient experiences the sensation of pain, and can be one of the first signals to the patient that an illness or disease state may be present (Miller, DiNunzio, & Williams, 2008).



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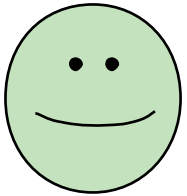
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While pain intensity and type is largely determined by the patient, being in pain can be stressful and affect your ability to eat, sleep, or just do day-to-day tasks. Pain medications can help relieve some of your pain and make daily life easier. Pain medications are likely to be part of your treatment for chronic pain. However, it is always important that you talk to your doctor about using pain medications to help manage your pain.

## Tips

- If your pain is not relieved or if it gets worse, call your doctor.
  - Use your medication only as directed.
  - Let your doctor know if the amount and/or type of pain you feel changes.
  - Taking your medications 20-30 minutes before physical activity can be helpful.
  - It is easier to manage pain before it starts than after it starts; so, take your medications as scheduled.
  - Using your medication right before bedtime may help reduce pain that you may experience while sleeping.
  - Pain medications can affect people differently, and one common complaint when taking narcotic medications is constipation (Davis, 2009). It is helpful to drink plenty of water and eat fruits and vegetables, unless otherwise directed.
- Remember, if you have limits on your diet, you will need to discuss your concern with your doctor and/or diet specialist.

## Avoid Alcohol

- It is not safe to operate heavy machinery when using pain medications; doing so could cause drowsiness, dizziness, and a decrease in your breathing to the point of actual or potential death.

## Pain Medication Myths

Below are some common myths about pain medications.

- **Myth:** *I will be cured by taking my pain medications.*

**Fact:** In and of themselves, medications will not cure a specific illness or disease.

- **Myth:** *It does not matter how much medication I take to get rid of my pain.*

**Fact:** Taking an improper dose of medication can be life-threatening and/or lead to death. It is important to take your prescriptions as explained by your health care doctor.

- **Myth:** *The terms nonopioid and opioid are the same.*

**Fact:** According to Miller, DiNuzio, & Williams, 2008, the terms are not the same. Nonopioid medications include drugs that can be purchased over the counter and contain acetaminophen, low doses of aspirin, and anti-inflammatory drugs that do not contain corticosteroid and these drugs are used to control mild pain. However, opioid drugs must be prescribed by a licensed health care doctor and can be delivered by different entry routes, i.e., IV, oral, rectal, skin, or shot.

- **Myth:** *I will become addicted.*

**Fact:** while psychological addiction to pain medication can occur, it is not very often. Your tolerance to pain medications can increase over time; especially when one is using medications outside of what your doctor has ordered. Improper use of opioid medications could lead to physical dependence (Miller, DiNunzio, & Williams, 2008).

## Tools to Measure your Pain

Our VA uses two different pain scales to ensure that we are adequately assessing the presence of pain in our adult and elder populations. In most instances, adult veterans will be able to express whether or not they are experiencing pain. Here, the doctor may ask you to rate your pain experience using a rating scale of 0-10. The intent of the pain scale is to help your doctor understand how your pain experience interferes with your activities of daily life. Remember, the more information you can give your health care doctor, the better your doctor will be able to manage your pain.

In addition, we recognize that assessing pain for veteran with dementia can be difficult but is very important. Thus, our facility may use the Pain Assessment In Advanced Dementia (PAINAD) scale to assess for the presence of pain in patients have mental impairments or are unable to talk (Hurley, 2003).

## Chapter 2: Depression

It is not uncommon to feel under the weather at times; however, when this feeling becomes unbearable, last for several weeks or prevents you from leading an active life, you may be experiencing signs of depression. Depression, a treatable illness, can disrupt the can affect your relationships with family and friends and can occur without a single reason. Below is a list of fairly common events and activities that tend to trigger depression.

### Loss or Stress

Life stresses such as death of family member(s), friend(s), a bad relationship, physical abuse, job loss, or sudden change in finances can also trigger depression. In some cases, years go by before the depression sets in.

### Family History

"There seems to be a tendency for depression to run in families. If one or more of your close relatives (parents, grandparents, or siblings) have had an episode of depression, you may be more likely to develop the illness, too" (Krames, 2009).

### Drugs or Alcohol

Drugs and alcohol affect one's chemical balance in the brain and has a tendency to lead to an episode of depression. You must remember that the use of drugs and/or alcohol will not solve your problems and, in fact, may make your depression worse.

### Medications

Certain medications to treat for common health conditions like high blood pressure, cancer, and pain may come with side effects that trigger depression. Therefore, it is important to tell your doctor about any medications you are taking and never stop taking your medication without your doctor's okay.

### Physical Illness

Living with constant pain or a severe illness can make anyone feel tired, angry, and confused and cause chemical changes in your brain that can lead to depression. Your doctor may order blood tests to make sure that a thyroid problem is not the cause of your depression.

### Hormones

"Hormones carry messages in the bloodstream. They may affect brain chemicals, leading to depression. Women may get depressed when their hormone levels change quickly, such as just before their period, after giving birth, or during menopause" (Krames, 2009).

# Signs and Symptoms of Depression

## Recognizing Signs of Depression

### People who are depressed may:

- Feel tired, “under the weather” almost every day.
- Feel powerless, downhearted, or worthless.
- Lose interest in common daily activities and relationships.
- Sleep too much or be unable to sleep.
- Suddenly gain or lose weight.
- Find it difficult to concentrate on simple tasks or may lose focus easily.
- Lose interest in sex.
- Have physical symptoms, such as stomachaches, headaches, or backaches.

### Know the Serious Signals if you or someone you know:

- Threatens or talks of suicide.
- Makes statements such as “I won’t be a problem much longer” or “Nothing matters.”
- Starts giving away possessions or making a will or funeral arrangements.
- Buys a gun or other weapon.
- Suddenly becomes too “happy” or unusually calm after a period of depression.

Get help right away! (a) Call a healthcare professional, (b) mental health clinic, or (c) suicide hotline and ask what action to take. In an emergency, don’t hesitate to call the police.

### Resources:

National Institutes of Mental Health  
866-615-6464  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

National Alliance on Mental Illness  
800-950-6264  
[www.nami.org](http://www.nami.org)

Veterans’ Suicide Hotline  
**800-273-Talk**



## Chapter 3: Alcoholism

Alcoholism is not a character weakness or moral shortcoming; it is an unrelenting, progressive disease that leads to death or brain damage. The more you regularly rely on alcohol to relax you or get you “up,” the closer you move toward addiction. If you decide you are on the path to addiction, you can take action to keep it under control or find caring people to help you.

### Effects of Alcoholism

Alcoholics give it their time, their money, and their attention to the alcohol, usually at the expense of family, friends, and employer, to the extent that they even risk losing their families and their lives for it. Despite all the harm alcohol causes them, they are unable to control it.

### Health Risks

Using alcohol too much increases the risk of heart disease, cancer, mental illness, and eventually can lead to death due to organ failure, car accidents, suicide, cancer, and other diseases (US Department of Health & Human Services, 2008).

### Physical Effects

To the human body, alcohol is a poison; it kills cells. That’s why heavy drinking over time can destroy the vital organs including the brain, heart, liver, and pancreas. Chronic alcoholism also damages the digestive tract and interferes with the immune system, leaving the body vulnerable to many serious diseases.

### Psychological Effects

Alcoholics have a constant need to rationalize their drinking to explain away the problems it creates. That requires manipulating reality and leads to a type of distorted thinking rooted in denial.

### Check Your Addiction Level

Some may choose to use alcohol because they believe it helps them feel more calm or relaxed. In reality, alcohol can lead to slurred speech and reckless judgment that may lead to risky behaviors. To find out if you may have a problem with alcohol, read the following statements and answer. According to Ewing, these are a few questions to consider:

- “Have you ever felt the need to cut down on your drinking?”
- Have others annoyed about your drinking?
- Have you ever felt bad or guilty about your drinking?
- Have you ever had a drink first thing in the morning as an ‘eye opener’? ” (1984).

Answering “yes” to any of these questions may be a signal that alcohol is taking over your life.

## Chapter 4: Chronic Obstructive Pulmonary Disease

### What is chronic obstructive pulmonary disease?

Chronic obstructive pulmonary disease (also called COPD) is a chronic lung disease usually due to either chronic bronchitis and/or emphysema (said: “em-fa-see-ma”). Your lungs have two main parts: bronchial tubes (also called airways) and alveoli (also called air sacs).

When you have chronic bronchitis, the lining of your bronchial tubes gets red, swollen, and full of mucus. This mucus blocks alveoli and makes breathing difficult. When you have emphysema, your alveoli (air sacs) are irritated and become stiff making it difficult for you to breathe (Krames, 2009).

### Symptoms of COPD

COPD can cause a variety of symptoms, including:

- A tight feeling in the chest
- Shortness of breath during physical activity
- Wheezing and/or coughing



### COPD Affects

“About 12 million people in the United States have COPD. The disease develops over many years. It is almost always caused by cigarette smoking. The best way prevent or keep COPD from getting worse is to quit smoking. Other irritants can also cause COPD. These include cigar smoke, second-hand smoke, and air pollution. You may also be at risk if the air you breathe at work contains an excessive amount of dust, fumes, smoke, gases, vapors, or mists. Workers who smoke are at a much greater risk if they are exposed to substances in the workplace that can cause COPD” (Krames, 2009).

### COPD Treatment

If you smoke, it is best to stop smoking as soon as possible. It is also important to avoid situations where you could inhale second-hand smoke, and areas with poor air pollution. Taking these simple actions could slow the damage to your lungs. Talk to your doctor about how to stop smoking. If you quit smoking soon, you have a better chance of living longer and being healthier. You must understand that there is no evidence to suggest that taking the actions above will cure you of COPD. However, your doctor may prescribe medications such as antibiotics and/or inhalers to treat a respiratory infection and help you breathe easier. Yet, there are some people with more advanced COPD need to use oxygen even with treatment; and, still, there may be others who may need an operation to their lung(s). However, it is always important to seek the advice of your doctor so that your doctor can help determine the best course of treatment and rehabilitation exercise for you. Finally, if you have COPD you should have a flu and pneumonia shot every year unless otherwise specified by your doctor.

## Chapter 5: High Blood Pressure

Risk factors are things that make you more likely to have a disease or condition. While you can't control every risk factor, it is important that you control what you can. Know what high blood pressure risk factors you have, and then find out what changes you can make to help control your risk(s) for high blood pressure. Start with the change that you think will be easiest for you (Krames, 2009).

### Risk Factors You *Can* Control

There are plenty of risk factors for high blood pressure that you can control. Learn what these risk factors are and then find out how to reduce your risk. See the list of controllable risk factors below:

- What You Eat
- If You Smoke
- How Active You Are
- Your Weight
- Your Stress Level

### Risk Factors You *Can't* Control

Though you can't change any of the things listed below, check off the ones that apply to you. The more boxes you check, the greater your risk for high blood pressure.

#### Family History

- One or both of your parents or grandparents has had high blood pressure or heart disease.
- A close male relative had heart disease or a heart attack before age 55.
- A close female relative had heart disease or a heart attack before age 65.

#### Gender and Age

- You're a man over age 55 or a postmenopausal woman.



## Chapter 6: Diabetes

Diabetes also known as high blood sugar can lead to a dangerous condition known as ketoacidosis, which allows a buildup of acids in your blood stream. If this condition is left untreated it could lead to coma (Davis, 2009).

### Signs of Diabetes

Some people may not notice signs or symptoms of Diabetes; however, contact your doctor if you do experience any of these signs or symptoms:

- Thirst
- Frequent need to urinate
- Feeling tired
- Nausea
- Itchy, dry skin
- Blurry vision
- Fast breathing
- Weakness and dizziness
- Wounds or skin infections that don't heal

### Management

- Check your blood sugar at the frequency specified by your doctor or dietitian.
- Follow the meal plan exactly as specified by your doctor.
- Take your insulin as directed.
- Call your doctor if your blood sugar levels remain high even after an insulin injection.
- Drink sugar-free, caffeine-free liquids such as water or diet soda. Don't drink fruit juice unless you are instructed to do so by your doctor.
- Check your blood or urine for ketones as directed.
- Follow your specialized plan of exercise that can help you control your stress levels.
- Follow your sick-plan, as directed by your doctor, when you are ill

### Helpful Hints

- Carry a medical ID card or bracelet that to identify that you have diabetes. This information will make it easier for professionals to aid you if you should pass out or go into a coma.
- Your family and friends to be aware of the signs of high blood sugar and what to do if you can't help yourself if you pass out or go into a coma.
- Talk to your doctor about other things you can do to prevent high blood sugar.

# Managing Diabetes: The A1C Test

## The A1C Test

While tracking your daily blood sugar readings is important, you also need to know if your plan of treatment is working well. Therefore, your doctor may order and **A1C (glycated hemoglobin)** test to measure your average blood sugar levels, perhaps, every two to three months. A higher A1C result means that you have a higher risk of developing complications (Krames, 2009).

“A1C has been shown as a percentage. But it can also be shown as a number representing the **estimated Average Glucose (eAG)**. Unlike the A1C percentage, eAG is a number similar to the numbers listed on your daily glucose monitor. Both A1C and eAG measure the amount of glucose stuck to a protein called **hemoglobin** in red blood cells. Your doctor will help you figure out what your ideal A1C or eAG should be. Your target number will depend on your age, general health, and other factors. If your current number is too high, your treatment plan may need changes, such as different medications. Most people aim for an A1C lower than 7%. That’s an eAG less than 154 mg/dL. or, your doctor may want you to aim for an A1C of 6%. That’s an eAG of 126 mg/dL” (Krames, 2009).

## Benefits of Exercise on Diabetes

Physical activity, especially strength training, performed daily can help you manage your blood sugar and improve your body’s ability to use insulin while relieving stress. Always talk to your doctor regarding an exercise program that is right for you. Your doctor may suggest that you begin with ten (10) minutes of exercise each day until you’re able to work your way up to at least thirty (30) minutes a day in exercise (Krames, 2009).

## Walk!

Joining a gym can be costly; however, you can walk anywhere for free with the appropriate footwear. Walking is an aerobic exercise that helps your blood vessels, heart, and lungs work better. Over time, the more you walk, the easier it will become. See the helpful tips below:

- Schedule time every day to move your feet.
- Make it part of your daily routine.
- Walk with a friend or a group to keep it interesting and fun.
- Try taking several short walks during the day to meet your daily activity goal.

## Preventing Accidental Lows

Activity causes your blood sugar levels to drop faster than usual, especially when you take medication to manage your blood sugar. However, there are things you can do to help reduce the risk of accidental lows. Keep these tips in mind:

- Always carry identification when you exercise outside your home. Carry a cell phone to use in case of emergency.
- If you can, include friends and family in your activities.
- Drink plenty of water before and during activity.
- Keep a fast-acting sugar (such as glucose tablets) on hand in case of low blood sugar.
- Dress properly for the weather. Wear a hat if it's sunny, or wait until evening if it's too hot.
- Avoid being active for long periods in very hot or very cold weather.
- Skip activity if you're sick.



## Chapter 7: Foot Health

According to the Veterans' Health Administration, the diagnosis of diabetes is the beginning of a battle that must be waged with stubborn determination if it is to be won. The results of an inability of the body to digest sugar, diabetes causes several complications including, kidney, eye, and heart disease, and leave one susceptible to foot problems (2001). The manifestations of diabetes in the foot include:

- Poor circulation
- Loss of feeling or sensation
- Increased tendency toward infection

### Preparing for War

Diabetes is one of the ten leading causes of death in the United States. Each year more than 80,000 lower limbs are amputated secondary to diabetes complications, and people with diabetes are two to four times more likely to develop heart disease and stroke than are non-diabetics. Nerve damage can leave the foot unable to feel sharp objects that may cause injury, and a lower limb amputation may result because of the body's inability to heal itself at the point of injury. Proper diet, exercise, medical care, and prevention at home can keep the most serious of these complications at bay!

### How to Prevent Diabetic Foot Complications

We know that it is easier to prevent a foot wound than it is to treat it. For that reason, prevention of these conditions before they occur is essential. We also know that prevention is a lifetime commitment that must be maintained to be effective. Thus, the following steps are important in managing your foot health:

- Eat a proper diet to lose and maintain proper weight.
- Exercise regularly (at least three times weekly for 30 minutes at a time).
- Control regular blood sugar by self-monitoring and medical care to control blood sugar
- Do not use tobacco!

### Daily Foot Health

#### Washing

1. Wash feet daily.
2. Dry well between each toe.
3. Pat dry, do not rub.
4. If your skin is dry, use lotion to moisturize but never put the lotion between the toes.
5. If your skin is wet from perspiration, use an antifungal foot powder daily.
6. Do not soak your feet in hot water.



## Protecting your feet

1. Wear a clean pair of socks daily.
2. Make sure your shoes fit well and that you are measured and properly fit each time you purchase shoes. Your shoe size may change.
3. Powder your shoes with a small amount of antifungal foot powder daily, as the shoe is the only article of clothing that is not laundered.
4. Wear appropriate shoes and socks for the weather. It is especially important to protect your feet from the cold; however, do not forget about sunscreen to the tops of your feet in the hot sun.
5. Wear well fitting shoes rather than slippers for walking or standing for long periods of time.
6. When at home, make sure you always have either slippers or shoes on your feet. Sandals are also a good alternative.



## Inspecting your feet

1. Inspect your feet daily. Use a mirror on the floor if it is difficult for you to see the bottom of your foot.
2. Look for any breaks in the skin or areas of irritation such as blisters or red areas.
3. Look for any nail problems.
4. Look for corns and calluses.



## Nail Trimming

1. Cut nails straight across and file the edges smooth.
2. Do not cut into the nail margins.
3. If your nails are curved in, thickened or hard to cut, see your podiatrist or foot care specialist.
4. If you have vision problems and cannot see your feet well or if it is hard for you to reach your feet, visit your doctor.
5. Corns and calluses need to be managed by your doctor, therefore, you should NOT attempt to cut corns and calluses or use commercial (over-the-counter) medicated removers, pads, or other preparations.
6. Minor cuts, scratches, and blisters are all potentially limb threatening. See your podiatrist or foot specialist as soon as possible for treatment.
7. The Veterans Health Administration recommends annual foot check-ups.
8. Referral to a podiatrist or foot specialist is appropriate for the management of any of the problems listed above (Veterans' Health Administration, 2001).



## Chapter 8: High Cholesterol

Blood cholesterol is a fatty substance that travels through the bloodstream but can build up on the blood vessel walls. Too much cholesterol can cause the blood vessels to harden and narrow and lead to coronary artery disease, heart attack, or stroke (Krames, 2009).

### Assessing Your Risk

#### Find Your Risk Factors for Heart Disease

How great a risk your cholesterol numbers are depends on other risk factors you may have for heart attack and stroke. Check off each of the risk factors below that applies to you:

- Are you a man 45 years old or older or a woman 55 years old or older?
- Does your family have a history of heart problems, including heart attack, coronary heart disease, or atherosclerosis?
- Do you have high blood pressure or are you on blood pressure medication?
- Do you smoke?
- Do you have diabetes?

#### Test Your Cholesterol

Your doctor may order cholesterol testing, which may require that you don't eat before the test. This test measures the amount and type of cholesterol in your blood known as HDL, "good cholesterol" and LDL, "bad cholesterol" (Krames, 2009).

#### Set Your LDL Cholesterol Goal

Changing your diet is one of the factors that you can control that will help lower the amount of cholesterol in your blood. The table below shows you what your target LDL cholesterol goal should be. Ask your doctor to help you get started on a plan to lower your cholesterol.

#### Helpful Dietary Hints

- It is more than just cutting back on foods with cholesterol; you need to cut back on saturated fats and trans fats; or, hydrogenated fat foods as well.
- Eat about two servings of fish per week. Most fish contain omega-3 fatty acids, which helps lower LDL cholesterol.
- Eat more whole grains and soluble fiber to lower overall cholesterol.

## Be Active

- Choose an activity you enjoy. Walking, swimming, and riding a bike are some good ways to be active.
- Start at a level where you feel comfortable. Increase your time and pace a little each week.
- Work up to 30 minutes on most days. You can break this up into three 10-minute periods.
- Remember, some activity is better than none.
- If you haven't been exercising regularly, start slowly. Check with your doctor to make sure the exercise plan is right for you.
- Quit smoking to improve your lipid levels and decrease your risk for heart disease.

## Medication

Many people need medication to get their LDL levels to a safe level. Medication to lower cholesterol levels is effective and safe. However, taking medication is not a substitute for exercise or watching your diet! Your doctor can tell you whether you might benefit from a cholesterol-lowering medication (Krames, 2009).

If You Have	Start a Cholesterol Lowering Plan If Your LDL Cholesterol Is	Your LDL Goal Is
No heart disease and fewer than two risk factors other than high LDL cholesterol	160 or more	Less than 160
No heart disease but two or more risk factors other than high LDL cholesterol	130 or more	Less than 130
Definite heart disease, diabetes, or other atherosclerotic disease	100 or more	Less than 100

## Chapter 9: Heart Disease

Heart disease, also known as coronary artery disease, involves damage to arteries, which are the blood vessels that carry oxygen-rich blood through your body. Certain habits such as smoking, over eating, and unhealthy cholesterol levels can damage arteries. You can't control some risk factors, such as age and a family history of heart disease. But most, including those listed below, are things you can control (Krames, 2009).

### Smoking

Smoking damages your arteries. It reduces blood flow to your heart and brain. It increases your risk of heart disease, stroke, lung disease, and cancer. If you keep smoking after a heart attack, you can double your risk of a second heart attack. For these reason, smoking is, perhaps, the most important risk factor you can change (Krames, 2009).

### High Blood Pressure

High blood pressure occurs when blood pushes too hard against artery walls as it passes through the arteries. Factors like stress, metabolic problems, i.e., low HDL cholesterol; high triglycerides; high blood sugar; and, extra weight around the waist can all impact your blood pressure (Krames, 2009).

### Excess Weight

"Excess weight makes other risk factors, such as diabetes, more likely. Excess weight around the waist or stomach increases your heart disease risk the most" (Krames, 2009).

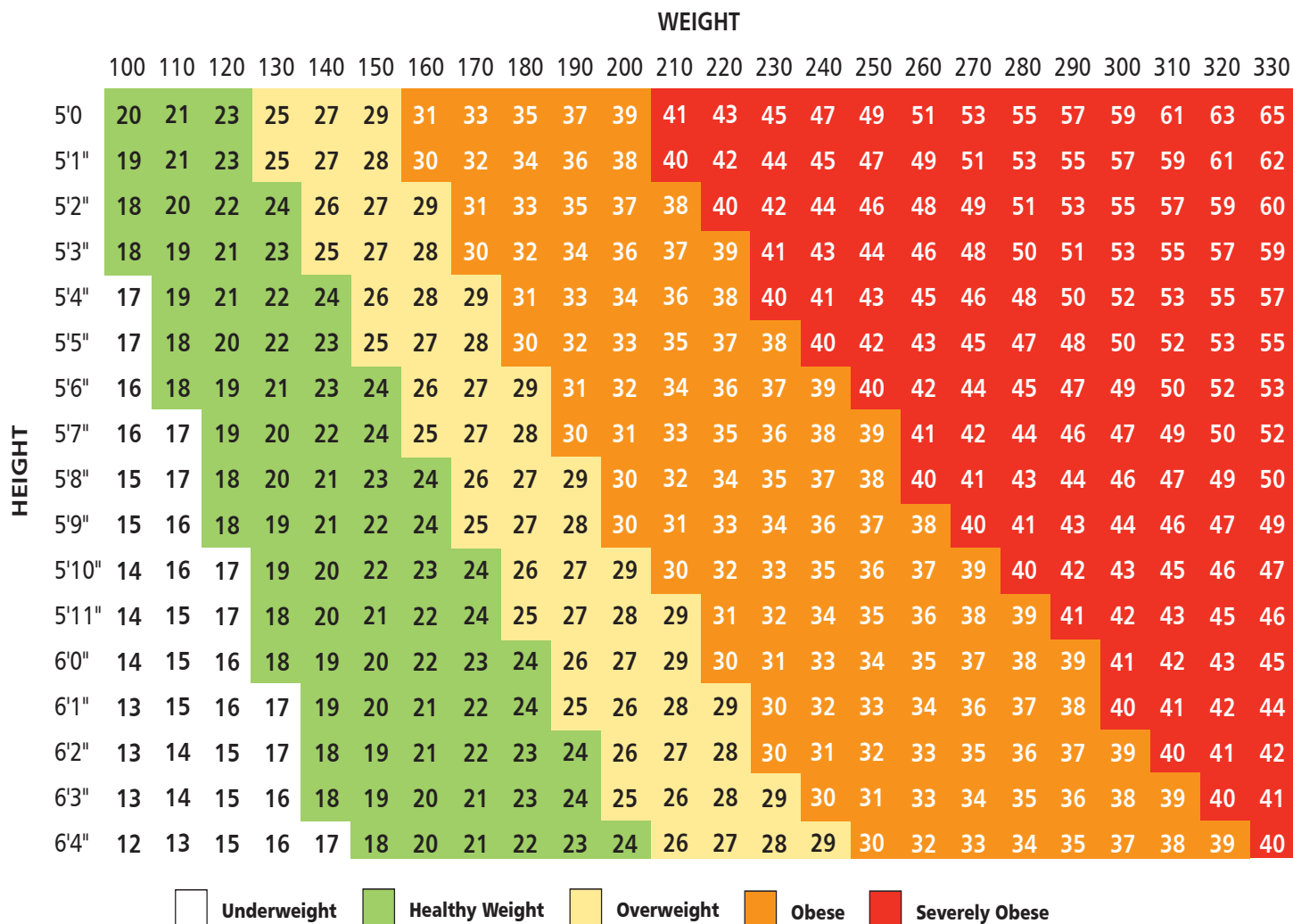
### Lack of Physical Activity

"When you're not active, you're more likely to develop diabetes, high blood pressure, abnormal cholesterol levels, and excess weight" (Krames, 2009).



## Chapter 10: Weight Management

For some people, a healthy weight is higher or lower than the average weight listed on weight charts. Healthy bodies come in all shapes and sizes. Your doctor can help you decide on a healthy weight for you (Krames, 2009). One method used to judge weight is the body mass index.



### Using the BMI Formula

To figure your BMI, find your height and weight (or the numbers closest to them) on the chart below. Follow each column of numbers to where your height and weight meet on the chart. That is your BMI.

### Reasons to Lose Weight

As mentioned throughout this handbook, losing weight can help with some health problems, such as high blood pressure, heart disease, diabetes, and sleep apnea. You may also feel more energy (Krames, 2009).

# Weight Management: Take It Off and Keep It Off

It's easy to be motivated when you first start. Staying motivated is your key to a successful weight management program. There are things you can do to keep yourself on the path to success.

## Stay Motivated and set goals

- Post your fitness goals in as many areas of your house as possible.
- Keep a daily activity journal and document your activity.
- Every week, take time to look back on how much you've accomplished.
- Don't be hard on yourself or give up if you slip. Be patient. Learn from your mistakes and adjust your plan if you need to. Then get right back to it.

## Believe That You Can Do It

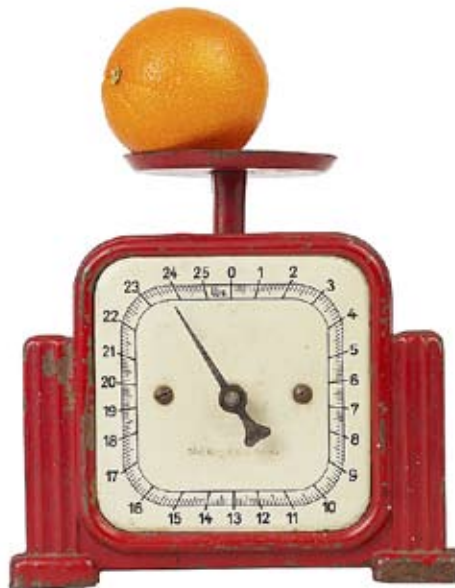
How you think about yourself is just as important as what you do. If you don't think you can succeed, chances are you won't. Believe that you can stick to your plan and meet your goals.

- If you don't meet a goal, don't use it as an excuse to give up on your whole plan. Adjust your goal and try again.
- Learn how to accept compliments. Even if you get embarrassed, just say "thank you."
- Make a list of the things that others like about you and that you like about yourself. Add something new from time to time. Keep this list to look at when you need a lift.

## Resources

American Dietetic Association  
[www.eatright.org](http://www.eatright.org)

Healthfinder  
[www.healthfinder.gov](http://www.healthfinder.gov)



# Chapter 11: Oral Cancer

According to the National Cancer Institute (2008), the term oral cancer includes cancers of the mouth and the pharynx, part of the throat. Over half of oral cancer occurs in the mouth and the majority of the other oral cancer cases are found in the pharynx. Oral cancers can spread very fast but has a high survival rate. Oral cancer is seen most often in people over the age of 40 and seems to affect more men than women. However, you can manage your risk factors for oral cancer.

## Lower Your Risk

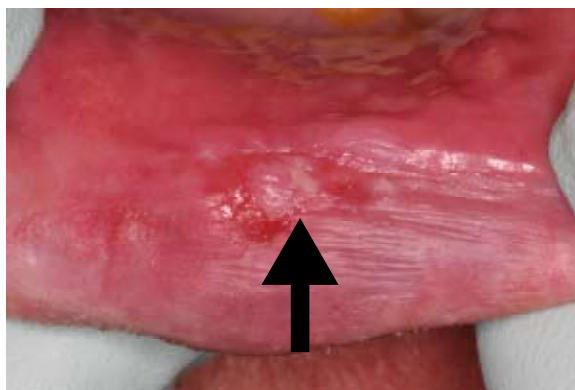
Most oral cancer is preventable. 75% of oral cancers are related to tobacco use, alcohol use, or use of both substances together. Using both tobacco and alcohol put you at much greater risk than using either substance alone.

- Do not use tobacco products: cigarettes chew or snuff, pipes or cigars. Tobacco in all forms plays a role in oral cancers.
- If you drink alcohol, do so sparingly: Drinking too much alcohol can increase your risk of oral cancer.
- Use lip balm that contains a sunscreen: Exposure to sunlight is a risk factor for lip cancer.
- Eat plenty of fruits and vegetables: Eating lots of fruits and vegetables as part of a low-fat, high fiber diet may help reduce cancer risk. The National Cancer Institute suggests eating at least five servings of fruits and vegetables a day.

## Possible Signs & Symptoms

See a dentist or physician if any of the following symptoms last for more than two weeks.

- A sore, irritation, lump or thick patch in your mouth, lip, or throat.
- A White or red patch in your mouth.
- A feeling that something is caught in your throat.
- Difficulty chewing or swallowing.
- Difficulty moving your jaw or tongue.
- Numbness in your tongue or other areas of your mouth.
- Swelling of your jaw that causes dentures, if you wear them, to fit poorly or become uncomfortable.
- Pain in one ear without hearing loss.



Inside Lower Lip

## Early Detection

It is important to find oral cancer as early as possible when it can be treated better. An oral cancer exam can detect early sign of cancer. Oral cancer exams are painless and quick and take only a few minutes to complete. Your regular dental check-up is a good opportunity to have the exam. During the exam, your dentist or the dental assistant will check your face, neck, lips, and entire mouths for possible signs of cancer.

## Chapter 12: Osteoporosis

Osteoporosis weakens the bones, which make your bones more likely to break. While osteoporosis affects both men and women; postmenopausal women are at a higher risk than men. We can help prevent osteoporosis by exercising regularly and eating a healthy balanced diet. Additionally, certain factors can speed up bone loss or decrease bone growth, e.g., alcohol, cigarettes, and certain medicines, and foods. As always, remember to talk to your health care doctor to develop a diet and exercise plan that meets your needs.

### Bone Health in Early Life

The body builds the most bone during these years. When we are children, we need foods rich in calcium and plenty of exercise. Usually between age thirty and menopause, for women, bone mass tends to decline throughout the years. Women who have gone through menopause have lower level of female hormone (estrogen), than do premenopausal women and the decrease in estrogen speeds up bone loss. At this point, treatment may be needed to reduce risk of fracture.

### Bone Health in Later in Life

In later years, both men and women need to take extra care of their bones. By this point, the body loses more bone than it makes. If too much bone is lost, you may be at risk for fractures. You can lessen bone loss by staying active and increasing your calcium intake. If you have osteoporosis, you can also learn ways to increase everyday safety (Krames, 2009).

### Things to Avoid

- Alcohol is toxic to bones. It is a major cause of bone loss. Heavy drinking can cause osteoporosis even if you have no other risk factors.
- Smoking reduces bone mass. Smoking may also interfere with estrogen levels and cause early menopause.
- Inactivity makes your bones lose strength and become thinner. Over time, thin bones may break. Women who aren't active are at a high risk for osteoporosis.
- Certain medications such as cortisone increase bone loss. They also decrease bone growth. Ask your doctor about any side effects of your medications.
- Protein-rich or salty foods eaten in large amounts may deplete calcium.
- Caffeine increases calcium loss. People who drink a lot of coffee, tea, or colas lose more calcium than those who don't.

## Screening for Bone Loss

Testing can detect osteoporosis before a fracture happens, and helps measure your body's response to treatment, and predict the risk of future fractures. There are two types of tests that you may have; both are safe, quick, easy, and painless.

- Central tests are used for diagnosis. They measure density in the hip or spine. The main central test is the dual energy x-ray absorptiometry (DXA). The DXA is the standard bone density test.
- Peripheral tests are used for screening. They measure density in the finger, wrist, knee, shin, or heel. A common peripheral test is the quantitative ultrasound (QUS) (Krames, 2009).

## Who Should Be Tested?

- Postmenopausal women under the age of 65, with one or more risk factors listed above.
- All women age 65 and older.
- Postmenopausal women with fractures.
- Women who are thinking about treatment for osteoporosis.
- Women who have been on hormone replacement therapy for a long time.

## Preventing Osteoporosis: Staying Active

"Certain factors can speed up bone loss or decrease bone growth. For example, a lack of activity makes bones lose their strength. Exercise plays a big part in maintaining bone mass no matter what your age. The amount and type of activity you do also play a part in keeping your bones strong. Weight-bearing and resistance exercises, such as walking, aerobic dancing, and bicycling, are just a few of the activities that are good for your bones" (Krames, 2009).

## Understanding Your Results

"The results of your test may seem confusing at first. Don't be afraid to ask your doctor to explain. Your bone mineral density (BMD) describes the thickness of the bone that was scanned. Your doctor will compare your BMD with the BMD of young, healthy bone. The result is called a T-score. Bones remodel at different rates. So, a healthy T-score in the wrist doesn't mean the spine is also healthy. That's why more than one site may be scanned" (Krames).



## Chapter 13: Breast Self-Exam

Monthly breast exams can help you detect unusual changes in your breasts. Try to check your breasts one week after your period each month. If you don't have periods, aim for the first of each month.

### Look for Changes

Look in the mirror with your hands at your sides. Then raise your arms. Do you see any flattening, bulging, or puckering on your breasts? Next, raise your arms, and then put your hands on your hips. Look for changes in your breast movement or shape as you move your arms.

### Feel for Changes

Lie on your side with a pillow under your right shoulder. Put your right arm above your head. (You can also do this exam in the shower with soapy hands.)

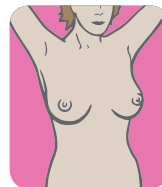
- Feel your right breast with your left hand.
- Use an up-and-down pattern. Use the same pattern each month.
- Use the pads of your three middle fingers. Move over the breast in small circles (the size of a dime).
- Feel for lumps or thickening.
- Repeat on your left side.
- Note any discharge from your nipple.



#### Step 1: Lying Down

Feel for changes:

- Lie down on your back with a pillow under your right shoulder
- Use the pads of the three middle fingers on your left hand to check your right breast
- Press using light, medium and firm pressure in a circle without lifting your fingers off the skin
- Follow an up and down pattern
- Feel for changes in your breast, above and below your collarbone and in your armpit



- Repeat on your left breast using your right hand

These steps may be repeated while bathing or showering using soapy hands.

#### Step 2: In Front of the Mirror

Look for changes:

- Hold arms at your side
- Hold arms over your head
- Press your hands on your hips and tighten your chest muscles
- Bend forward with your hands on your hips



### Preventing Breast Cancer

Making healthy lifestyle choices decrease your risk of cancer and improve your overall health. Here are a few items that you can control to decrease the risk of developing breast cancer:

## **Stop Smoking**

- Talk to your doctor about aids for quitting, such as nicotine patches.
- Get support from ex-smokers.
- Develop a plan for quitting and pick a quit date.

## **Stay Active**

- Take walks, garden, or do other activities you enjoy each day.
- Do errands on foot or bike, not by car.
- Join a walking or biking club.

## **Improve Your Diet**

- Eat fewer fried foods, fatty meats, and other high-fat foods.
- Eat at least 5 fruits and vegetables daily, especially leafy greens and foods high in vitamin C, like citrus.
- Eat more high-fiber foods, such as fruits, vegetables, and whole grains (oats).
- Eat more vegetable protein, such as tofu.
- Eat foods from the cabbage family, such as broccoli, cauliflower, and brussels sprouts.
- Limit or stop drinking alcohol.

## **Perform Regular Screenings**

- Breast (Schedule professional breast exam and mammograms).
- Skin (Professional exam and biopsy when ordered by the doctor).
- Cervical (Schedule at least annual pelvic exam and Pap test).
- Colorectal (digital rectal screening for blood in stool, colorectal exam).

## **Protect Yourself from Hazards**

- When outdoors during the day, wear SPF 15 or greater sunscreen.
- When out in sunlight, wear a hat.
- Avoid outdoor activity midday when the sun is hottest.
- Be aware of all hazardous substances at work or in your home.
- When working with hazardous substances, wear protective clothing.

## Chapter 14: Cervical Screening

### What Is a Pap test?

A Pap test is a procedure that helps find changes in the cervix that may lead to cancer. (The cervix is the part of the uterus that opens into the vagina). A Pap test lasts about 2 to 5 minutes. It may feel uncomfortable, but a Pap test doesn't hurt. While you lie on the exam table, the doctor or nurse puts a medical tool (called a speculum) into your vagina, opening it to see the cervix. She will use a special brush to collect a few cells from the cervix. These cells are sent to the lab for testing. Finally, the doctor or nurse will also do a pelvic exam to check the uterus, ovaries, and other organs (Healthfinder, 2009).

### Who Should Have a Pap test?

Ask your healthcare provider when to start having Pap tests, and how often to have them. Follow these guidelines:

- A first Pap test within 3 years of first having sexual intercourse, or by age 21.
- A Pap test every 2 years after that.
- A Pap test every 2 years if, by age 30, you have had 3 normal Pap tests in a row.
- A Pap test each year if you have a risk factor for cervical cancer. Risk factors include having HPV or HIV, immune suppression, or exposure to the medication DES while your mother was pregnant with you.
- If you're over 70 and have had 3 normal results in a row, no abnormal results in the last 10 years, and no risk factors, you may not need to continue having Pap tests (Krames, 2009).

### Prepare for your Pap test.

Try to schedule your Pap test for a time when you don't have your period. For 2 days before your test, doctors recommend that you avoid:

- Using tampons
- Having sex
- Using birth control creams, foams, or jellies
- Douching (rinsing the vagina with water or other liquid)

### Resource

For information about free or low-cost Pap test and where to go in Michigan to get screened, call **800-922-6266**



# Chapter 15: Prostate Cancer Screening

As men age, it is not uncommon to develop problems with the prostate, a gland in the male reproductive system, the most common problem is enlargement, which can be due to cancer. This type of cancer can often be cured or controlled, especially if it is found and treated early. Screening tests help detect prostate cancer before it causes any symptoms (Krames, 2009).

## Screening for Cancer

Screening for prostate cancer is done with a physical exam and blood tests. These tests can help determine whether it is likely that you have cancer. The American Urological Association recommends that men with risk factors begin yearly screening at age 40. Men with no risk factors are offered yearly screening at age 50 (Krames, 2009).

## The PSA Test

PSA (prostate specific antigen) is a protein produced by prostate tissue. The PSA level is measured with a blood test. The result helps assess the likelihood of prostate cancer. To screen for prostate cancer, the PSA test is done once a year. There are some who may not be appropriate for PSA testing. Consult with your doctor to determine if PSA testing is right for you.

## Evaluating the PSA

A high or rising PSA level suggests that prostate cancer may have formed. A lower PSA level indicates that cancer is less likely. In addition to the PSA level, your doctor may look at:

- The ratio of free PSA (PSA that is not bound to a certain protein in the blood) to total PSA.
- The PSA velocity (how fast the PSA level is rising).
- The PSA density (the relation of the PSA level to the size of the prostate).



## Chapter 16: Testicular Cancer

Testicular cancer occurs in the testicles (testes), which are located inside the scrotum, a loose bag of skin underneath the penis, and is the most common cancer in American males between the ages of 15 and 34 and the cause, at this time, is unknown. However, testicular cancer is highly treatable, even when cancer has spread beyond the testicle. Depending on the type and stage of testicular cancer, you may receive one of several treatments, or a combination. Regular testicular self-examinations can help identify growths early, when the chance for successful treatment of testicular cancer is highest (Krames, 2009).

### Symptoms

Testicular cancer can result in a number of signs and symptoms. These may include:

- A lump or enlargement in either testicle
- A feeling of heaviness in the scrotum
- A dull ache in the abdomen or groin
- A sudden collection of fluid in the scrotum
- Pain or discomfort in a testicle or the scrotum
- Enlargement or tenderness of the breasts
- Unexplained fatigue or a general feeling of not being well

### Risk factors

Researchers don't know what causes testicular cancer. Risk factors may include:

- An undescended testicle. The testes form in the abdominal area during fetal development and usually descend into the scrotum before birth. Men who have a testicle that never descended are at greater risk of testicular cancer than are other men are. The risk remains, even if the testicle has been surgically relocated to the scrotum. Still, the majority of men who develop testicular cancer don't have a history of undescended testicles.
- Abnormal testicle development. Conditions that cause testicles to develop abnormally.
- Family history. If other family members have had testicular cancer, you may have an increased risk.
- Age. Testicular cancer affects teens and younger men, particularly those between ages 15 and 34. However, it can occur at any age.
- Race. Testicular cancer is more common in white men than in black men. The reason for racial differences in the incidence of testicular cancer is unknown.

## Tests and diagnosis

"Most men discover testicular cancer themselves, either unintentionally or while doing a testicular self-examination to check for lumps. In other cases, your doctor may detect a lump during a routine physical exam.

To determine whether a lump is testicular cancer, your doctor may recommend:

- **Ultrasound.** A testicular ultrasound test uses sound waves to create a picture of the scrotum. During an ultrasound you lie on your back with your legs spread. Your doctor then applies a clear gel to your scrotum. A hand-held probe is moved over your scrotum to make the ultrasound image.

~An ultrasound test can help your doctor determine the nature of any lumps within the scrotum, such as if the lumps are solid or fluid filled and whether lumps are inside or outside of the testicle. Your doctor uses this information to determine whether a lump is likely to be testicular cancer.

- **Blood tests.** Your doctor may order tests to determine the levels of tumor markers in your blood. Tumor markers are substances that occur normally in your blood, but the levels of these substances may be elevated in certain situations, including testicular cancer. A high level of a tumor marker in your blood doesn't mean you have cancer, but it may help your doctor in determining your diagnosis.

- **Surgery to remove a testicle.** If your doctor determines the lump on your testicle may be cancerous, he or she may recommend surgery to remove the testicle. Your testicle will be analyzed in a laboratory to determine if the lump is cancerous and, if so, what type of cancer.

~In general, a biopsy or removal of the lump alone isn't used when testicular cancer is suspected. However, a biopsy may be an option in certain situations, for instance, if you have only one testicle" (Krames, 2009).



## Chapter 17: Advance Medical Directive

An advance medical directive is a form that lets you plan ahead for the care you'd want if you could no longer express your wishes. This statement outlines the medical treatment you'd want or names the person you'd wish to make health care decisions for you.

### Writing Down Your Wishes

- Decide what is important to you and the treatment you'd want.
- An advance directive is important whether you're young or old. Injury or illness can strike at any age.
- Some states allow only one kind of advance directive. Some let you do both a Durable Power of Attorney for Health Care and a Living Will. Some states put both kinds on the same form.

### A Durable Power of Attorney for Health Care

- This form lets you name someone else to be your agent.
- This person can decide on treatment for you only when you can't speak for yourself.
- You do not need to be at the end of your life. He or she could speak for you if you were in a coma but were likely to recover.

### A Living Will

- This form lets you list the care you want at the end of your life.
- A living will applies only if you won't live without medical treatment. It would apply if you had advanced cancer or a massive stroke.
- It takes effect only when you can no longer express your wishes yourself.
- Ask your doctor for more information.





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